

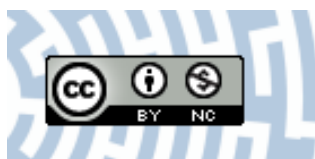


You have downloaded a document from
RE-BUŚ
repository of the University of Silesia in Katowice

Title: Experiencing Life and Problem-Solving Strategies from the Perspective of Disabled Youth vs Disabled Adults

Author: Ewa Wysocka

Citation style: Wysocka Ewa. (2008). Experiencing Life and Problem-Solving Strategies from the Perspective of Disabled Youth vs Disabled Adults. "The New Educational Review" (Vol. 14, nr 1 (2008), s. 29-43)



Uznanie autorstwa - Użycie niekomercyjne - Licencja ta pozwala na kopiowanie, zmienianie, remiksowanie, rozprowadzanie, przedstawienie i wykonywanie utworu jedynie w celach niekomercyjnych. Warunek ten nie obejmuje jednak utworów zależnych (mogą zostać objęte inną licencją).



UNIwersYTET ŚLĄSKI
W KATOWICACH



Biblioteka
Uniwersytetu Śląskiego



Ministerstwo Nauki
i Szkolnictwa Wyższego

Experiencing Life and Problem-Solving Strategies from the Perspective of Disabled Youth vs Disabled Adults

Abstract

The article is a short report compiled on the basis of the survey research focusing on disabled people's conceptions of their own everyday life and of social attitudes towards impairment.

The survey examined the ways of experiencing life, with regard to the following categories: self-perception; perceiving environmental attitudes towards visible disability; emotional and behavioural reactions to the patterns of behaviour displayed by the environment; assessing one's own relations with other people; making an overall evaluation of the society's approach to disability.

The author also presents three main theoretical theses regarding shaping social attitudes towards the disabled, as well as outlines the leading strategies which people with disabilities employ in order to cope with critical situations. These are constructive and destructive strategies, related to young people's approach to life – a positive attitude (encouraging development) and a negative one (hindering development).

Key words: *disability, experiencing life, problem-solving strategies, self-identification, social attitudes, emotional reactions, generalized convictions*

Introduction

Nowadays, impairment is no longer a “neglected” issue, since society is becoming more and more aware of the problems of disabled people. However, there are no doubts that the current situation cannot be regarded as optimal. Furthermore, the disabled form a peculiar group of people mainly because of the fact that they

are “stigmatized” by a syndrome of unjust and undeserved suffering, resulting from the deficits they display, whose symptoms and effects point to their irreversible character. A disabled person often has a lower self-esteem, experiences many negative emotions related to being labelled as different, and finally, copes with a significantly larger number of difficult situations, which disturb the person’s psychosocial functioning. It consequently leads to difficulties in adjusting to the surrounding reality and creating one’s own identity.

While maintaining contact with the disabled, non-disabled people experience a number of inner cognitive and affective conflicts (Sieradzki 1996, p. 84), which lead to a tendency to avoid or restrict contact with people with disabilities, as well as take actions against them, aimed at restricting their rights (behavioural aspect). Due to their objective though different deficits, people with disabilities have to meet higher expectations than the rest of the society, and it requires significantly more effort. Therefore, they “do not deserve compassion, but admiration and recognition” (Szczepański 1992, p. 243), and first of all social support and stimulating their aspirations for self-realization.

Attitudes and behaviours of people without disabilities towards the disabled (stigmatizing the disabled and labelling them) certainly affect the quality of functioning of people with impairments, which means they determine the way the disabled experience their own life.

Life being experienced by disabled youth and disabled adults – empirical examples

The survey research was conducted in the years 2006–2007. Data was collected by means of the auditorium questionnaire, which was circulated in the Salesian Education and Care Centre in Tarnowskie Góry, and in the Radzionków School of Occupational Adaptation_no. 2, and also through a questionnaire distributed via e-mail, and directed to post-primary and secondary school students, and disabled adults. The research subjects were people with physical, mainly motor and sensory impairment, and with a mild mental disability. The survey examined the ways of experiencing life, with regard to the following categories: self-perception; perceiving environmental attitudes towards visible disability; emotional and behavioural reactions to the patterns of behaviour displayed by the environment; assessing one’s own relations with other people; making an overall evaluation of the society’s approach to disability, and problem-solving strategies.

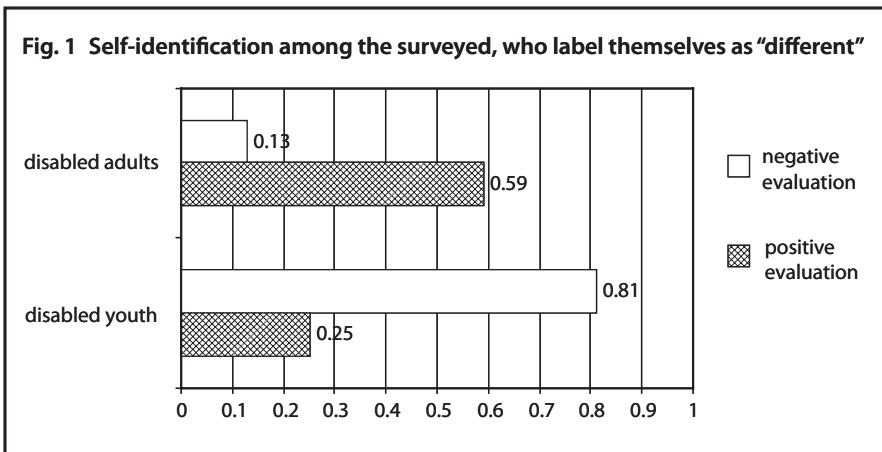
The first variable examined in the survey was self-identification among the disabled, who label themselves as different, and the positive or negative evaluation

attached to it (Table 1, Fig. 1). The survey findings show that the negative evaluation of one’s own impairment (0.81) predominates over the positive one (0.25). The results underscore a degree of ambivalence which has been observed in the character of the evaluations made by the respondents (disabled youth).

Table 1. Self-identification among the surveyed, who label themselves as “different” ($N_y = 114, N_a = 51$)¹

Response category	Disabled youth				Disabled adults			
	Positive evaluation		Negative evaluation		Positive evaluation		Negative evaluation	
	n	%	n	%	n	%	n	%
Yes (Y)	13	11.40	15	13.16	11	21.57	0	0.00
Rather yes (y)	10	8.78	36	31.58	8	15.69	6	11.76
Rather not (n)	35	30.70	22	19.30	15	29.41	16	31.37
No (N)	56	49.12	41	35.96	17	33.33	29	56.87
A ratio of (Y+y) : (n+N)	0.25		0.81		0.59		0.13	
Total	114	100.00	114	100.00	51	100.00	51	100.00

The survey findings show that a more positive evaluation has been attached to self-identification among adults with disabilities (Y:N=0.59), which proves that it is more common for them rather than for disabled youth to perceive their exceptional personal value, which results from the necessity to cope with the problems arising as a result of the deficits the disabled display. Hence the incidental negative evaluation within the group of adults (Y: N=0.13).



¹ N_y – disabled youth, N_a – disabled adults

It seems more interesting, however, how the surveyed youth justify their self-evaluation. The justification the respondents provide is not varied, but it seems to be significant in the context of their general life situations, since it brings some additional meaning.

Their *positive self-evaluation* is most often related to common egalitarian principles, and regarding their difficult life experiences as a developmental mechanism, which accounts for the fact that the disabled feel more mature and emotionally richer, better prepared for life, cause fewer educational problems, and display pro-social behaviour more often than their non-disabled peers. Special attention should be paid to the response category related to lack of negative self-evaluation, which has been justified by “being in the circle of people with disabilities”. It might implicitly indicate that experiences of the disabled outside their own environment are completely different.

Justification of positive self-evaluation:

- *I have more life experiences, which makes me more mature and more emotional*
- *I feel equal to other people*
- *because I do not hurt others*
- *because I'm wise and I know what I'm allowed to do and what I mustn't do*
- *because I don't use vulgar language*
- ***because I'm in the group of people like me***

The justification of a *negative self-evaluation* is grounded mostly on the process of rationalizing the quality of being different, regarding it as an obvious fact which, in a natural way, restricts the possibility for self-realization that non-disabled people have. The negative self-evaluation results also from the fact that people with disabilities realize their being different from the non-disabled, regarding themselves as helpless and unable to manage, labelling themselves as weak and worse, tending to compare themselves to people without disabilities in the context of their own achievements and failures, in various kinds of activities and spheres of life (e.g. sport achievements, school situations).

Justification of negative self-evaluation:

- *because I can't manage in life*
- *because due to my disability I can't achieve what non-disabled people can*
- *because I'm disabled, and it makes me different from others*
- *because others are stronger*
- *because they are better at what they do*
- *other people are better than me in various kinds of activities, such as sport, foreign languages*

Adults with disabilities justify their self-identification in a slightly different way than disabled youth, which results from their different life situation and relatively more positive self-evaluation. The justification of a positive self-evaluation predominates within this group of respondents, whereas negative self-identification comes down mainly to a set of deficits, naturally linked with impairment (e.g. *Since the accident I've been different from others, I display deficits, which healthy people do not have, my disability imposes limits on me, I cannot take up various activities*). The justification of a positive evaluation can generally be classified into four categories: emotions; intellect and action – which can be specified as deeper empathy and sensitivity to other people's problems, greater readiness to offer help to others, a relatively superior intellect (education and knowledge) - and the category related to acknowledging the natural right to treat people with disabilities “as the same as others “ and , as those who, likewise people without disabilities, “differ from others” in their individual features, which is determined by the norm of social justice and other (different from disability) criteria for evaluating people.

Justification of positive self-evaluation:

- *higher education and knowledge*
- *I don't have any reason to feel as if I was worse than others, because I am just like other people*
- *I do not experience “being different” in my everyday relations with people*
- *I do not classify people into two categories: “the better” or “the worse”, we all perceive the world in a different way*
- *I am as good as others*
- *thanks to my illness I can understand other people better*
- *I am more sensitive to other people's problems*
- *I am more ready to offer help to other people*

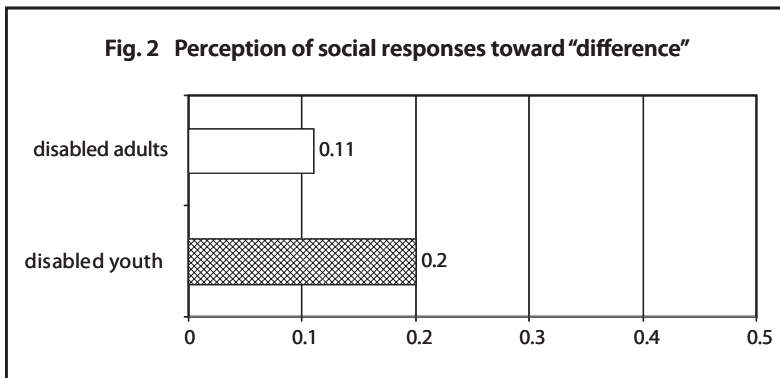
The way the disabled respondents perceived other, non-disabled, people's responses to their “difference”, regarded here as something negative, was the variable analyzed in the examination of the mechanism of positively or negatively evaluated self-identification among people with disabilities (Table 2, Fig. 2). It can be implicitly regarded as a rate of negative stigmatization, which could justify inducing the phenomenon of self-stigmatization (Goffman 2005).

The survey results prove that the most frequent response category, concerning the perception of social reactions to disability, was related to rejection of negative evaluation (N_y , $n=95$, 83.33%; N_a , $n=46$, 90.2%). It seems to portend well for social attitudes to impairment, as well as determination of proper social and emotional development of people with disabilities.

Table 2. Perception of social responses toward “difference”
($N_y = 114$, $N_a = 51$)

Negative evaluation	Disabled youth		Disabled adults	
	n	%	n	%
Yes (Y)	7	6.14	0	0.00
Rather yes (y)	12	10.53	5	9.80
Rather not (n)	44	38.59	19	37.25
No (N)	51	44.74	27	52.95
A ratio of (Y+y) : (n+N)	0.2		0.11	
Total	114	100.00	51	100.00

Comparing the ways disabled youth and adults perceive social responses to impairment, a relatively lower rate of negative evaluation of the responses can be observed among adults ($Y : N = 0.11$) rather than in the group of disabled youth ($Y : N = 0.2$). On the one hand, it points indirectly to adults' ability to cope with the problems related to the social responses to impairment, and at the same time it underscores the difference between the two groups in the attitude they take toward their being different (negative evaluation of one's impairment prevails potentially within the group of disabled youth).



And again, it seems that greater importance is attached to providing justification of the particular evaluation, and mainly to the criteria it is based on. There is a variety of justification of environmental *negative responses* to disability, but it is related mainly to the description of their manifestation forms (flippant treatment, mockery, laughter). Sometimes the character of justification refers to general beliefs of the environment, concerning disability (devaluation, restricting rights, regard-

ing “privileges” for the disabled as unfair), or frequently to the negative assessment of other characteristics (being different in various spheres), which are, or are not at all, linked with disability (different religion, faith).

Justification of negative evaluation of social responses (disabled youth):

- *they don't treat me seriously, often laugh at what I say and do, etc. – and of course I ignore it*
- *because I'm disabled, I don't follow fashion, I've got my own style, my own opinions, I don't do what others tell me to, I am myself – they say I'm “different”*
- *I think it is like that because within the environment the disabled are placed in the margin*
- *people hold disapproving attitudes towards people with disabilities; sometimes, they even think that we do not deserve our privileges*
- *because I'm of different faith*

Similarly, the lack of negative social responses to impairment was justified in numerous ways. At the same time, the justification is the basis for the positive perception of social responses to people with disabilities. Generally speaking, three categories of justification have been reported in the survey. The first, most common type, referred to personal experiences related to functioning in the group of people with disabilities (special school), or in the environment which is to a large extent “integrated” (the education and care centre for the disabled). Furthermore, the positive perception can result from the fact that social interactions and activities among the disabled have been naturally limited, as a consequence of encountering psychosocial and physical barriers (conscious and unconscious ones). The second category of justification referred directly to a positive self-evaluation – assessing one's own characteristics, competence, skills and abilities, and also displayed patterns of behaviour. Unfortunately, this category was rather incidentally reported by the surveyed. The third type of justification was grounded on general abstract egalitarian and ethnic principles, which underpin equal treatment of all people, regardless of any unintentional differences between them. One more category is worth mentioning, which was reported by the disabled respondents. It was related to the disabled person's inner scale of disability assessment. It means limiting the quality of being normal to mental health, which proves intolerance and entails regarding as normal only those categories of impairment which are not connected with mental diseases or retardation. It should be emphasized here that the collection of survey data comes from people with physical or sensory disabilities, who “feel normal, because they are not mentally sick”.

Justification of lack of negative evaluation (disabled youth):

- *because I do not differ from other people, I do the same things and I behave like others, I normally talk to other people (in the environment of the disabled)*
- *because they have no reason for that (they are disabled, too)*
- *because I'm in such an environment that I don't have to be afraid, I have a very nice company in which there are also disabled people- my friends are understanding and tolerant ("integrated" environment)*
- *I get on well with my friends and colleagues at school, because we are friends and nobody in our class is worse (the group of people with disabilities)*
- *because other people like me, I share everything with others, and I help other people*
- *because I can solve my own problems*
- *other people say that I'm well-behaved and that I'm a good pupil, but some people think I'm stupid*
- *I think everyone is equal, and there aren't better or worse people, and others treat me just like this, they regard me as equal to them*
- *I have many acquaintances who I get on with*
- *others try to treat me as if I was a person without any disability*
- *everyone is the same, created by God*
- *because I'm a normal person – I have a healthy psyche and mind*

Justifying their negative evaluation of social responses to impairment, disabled adults point virtually to the natural differences in treating the disabled, which are determined by differences in upbringing, which consequently manifests itself in the general tendency among people without disabilities to distance themselves from the disabled, as a consequence of limited, and hence unnatural, contact with people with impairments (e.g. feeling a sense of distance and reserve, fear of contact). However, disabled adults experience it very rarely ($n = 5, 9.8\%$). Reactions of people without any disabilities have been reported as natural by most of the adult respondents ($n = 46, 90.2\%$), which proves that the responses are not related to stigmatizing the disabled as being different; e.g. *people treat me as their equal, my family and friends behave in a natural manner towards me, I usually feel normal in relations with other people, my family and friends don't find my disability disturbing*. It should be emphasized that the justification provided by the surveyed refers mostly to their close friends and family, which might in an indirect way indicate that their social relations are considerably reduced.

Emotional reactions of the disabled respondents to being labelled as "different" (Table 3) constitute a variable which examines the prevalence of such experiences among disabled youth, and the ways they handle them. It is possible to discern a certain conflict between the self-perception and ways of perceiving social responses to impairment. The majority of the surveyed describe their own reactions

to the negative responses from society, which means that they experience them (though the experiences are varied in intensity). It can be reaffirmed by the fact that the respondents' earlier evaluations were made in the context of their functioning among people with disabilities and in the environment in which disability was normalized. The survey data illustrated in Table 3 point to the fact that the evaluation criterion has been expanded to cover the "global" environment.

Table 3. Emotional reactions to being labelled as "different"
($N_y = 114, N_a = 59$)²

Type of reaction	Disabled youth		Disabled adults	
	n	%	n	%
I rebel because I think it's unfair	16	14.04	9	15.25
I accept it because it's true that I'm different	15	13.16	7	11.86
I accept it because I think it's my fault that other people treat me like that	2	1.75	0	0.00
I feel resentment at the way I'm treated	10	8.77	0	0.00
I try to show others that I'm not any different from them	67	58.77	32	54.24
Other people do not treat me as if I was "different"	4	3.51	11	18.65
Total	114	100.00	59	100.00

The variety of reactions reported in the survey includes (disabled youth): protest and variously justified acceptance, which occur in considerably high percentage (each of the two types constitutes 14%), less common feeling of resentment (9%), and prevailing emotions which stimulate self- development, aimed at proving one's own worth to society (approx. 59%). It can be stated that expressing protest and taking action toward changing a social image prevail among the reported reactions (approx. 73%; which portends well for the development of this group, and certainly determines an increase in its maturity). The less frequent (approx. 24%) but significant reactions, which are purely emotional, such as acceptance and passive resentment, hinder activity, which portends badly for development. It should be emphasized that only 4 of the surveyed did not report any of the reactions pointed out above (3.5%).

The survey results indicate that there are certain, although minor, differences between disabled youth and adults in the context of experiencing emotions and reacting to various social responses to impairment. Acceptance of being labelled

² The estimated number of responses exceeds the number of respondents, since some of the interviewed mentioned more than one category of response

as different constitutes a slightly lower percentage of the responses among adults than within the group of youth (11.86%). Actions aimed at changing one's own social image have also been reported less frequently by the adults surveyed (54.24%). However, it was more often that disabled adults claimed consistently that they did not experience being treated as different (18.65%), which corresponds to the previous declarations of the respondents, who underlined their sense of normal social functioning. One can believe then that adults are more aware of the way they are treated by other people, as well as their reactions to social responses.

The next variable which examined social functioning of people with disabilities was the type of their social environment (Table 4).

Table 4. Prevailing type of social participation of disabled youth and disabled adults ($N_Y = 114$, $N_A = 51$)

Type of environment	Disabled youth		Disabled adults	
	n	%	n	%
Comprised only of the disabled	25	21.93	0	0.00
Dominated by non-disabled people	21	18.42	7	13.73
Diversified environment	68	59.65	44	86.27
Total	114	100.0	51	100.0

The survey results (disabled youth) indicate that a diversified environment proves to be a prevailing type (approx. 60%), which obviously results from the fact that people with disabilities function within the family and school environment (the education and care centre for the disabled). It should be noticed that the surveyed who reported functioning within the environment comprised only the disabled, form a considerably high proportion (approx. 22%) of all the respondents. They identify with this group and feel more emotionally tied to it. It consequently limits social interactions and diversified experiences, which facilitate proper development, and thus determine social adaptation.

Similar tendencies concerning a prevailing type of social participation are displayed among disabled adults. The survey results show the highest proportion of those who function in a diversified environment, that is the one comprised of both people with and without disabilities (86.27%). There is also a considerable percentage of the surveyed who reported functioning within the environment comprised predominantly people without disabilities (13.73%). A noticeable difference, revealed in the survey, refers to the last category, that is the environment comprised only of the disabled. Functioning in this kind of environment has not been reported by any of the disabled adult respondents. It is obvious due to different life situations

the two groups are in, which are determined mainly by career. It seems, however, that it is not the only crucial criterion. It can be concluded that disabled adults are more tightly integrated into the social world; they are better at maintaining and managing their social relations; and they display a greater level of social maturity and higher ability to cope with other people’s potentially negative responses to impairment. One should believe that in the course of the development of the disabled certain barriers connected with maintaining and managing social relations have been removed, and thus a range of social and emotional identifications among people with disabilities has been developed.

The last variable which investigates how disabled youth experience their life was related to generalized and thus fixed beliefs and convictions concerning social attitudes to people with disabilities (Table 5).

Table 5. Generalized convictions concerning social attitude to people with disabilities ($N_m = 123, N_d = 71$)³

Type of conviction	Disabled youth			Disabled adults		
	n	%	Scale grade	n	%	Scale grade
Legal and social discrimination	24	19.51	3	11	15.49	3
Indifference	31	25.20	1	16	22.54	2
Social isolation	23	18.70	4	4	5.63	6
Unnatural behaviour towards the disabled	14	11.38	5	25	35.21	1
Negative behaviour and emotional reactions (laughter, mockery)	29	23.58	2	6	8.45	5
Other (e.g. problems faced in the labour market)	2	1.63	6	9	12.68	4
Total	123	100.00	-	71	100.00	-

* * *

And again, the survey results reveal the varied character of the convictions reported by the disabled youth. The most frequent response categories were indifference (approx. 25%) and negative social behaviour (approx. 24%). Discrimination and a tendency to isolate the disabled from society, constitute a slightly lower proportion of the reported convictions (approx.19%), which results partly from an

³ The estimated number of responses exceeds the number of respondents, since some of the interviewed mentioned more than one category of response.

inability to maintain relations with people who display various visible deficits (unnatural behaviour, approx. 11%).

When it comes to the most common generalized beliefs and convictions concerning social attitudes to people with disabilities, reported by disabled adults, the most frequent response categories were: unnatural behaviour towards the disabled (35.21%), and social indifference to problems connected with disability (22.54%). Discrimination (e.g. mockery, laughter) and a tendency to isolate the disabled from society constitute a slightly lower proportion of the reported convictions (8.45%, 5.63% respectively). However, the survey results reveal that a new category of problems has been reported by disabled adult respondents, as a consequence of their greater awareness of their own rights. The response category can be defined as the conviction concerning insufficient state assistance (12.68%), which provides the basis for social marginalization of the disabled (e.g. *low social benefits; lack of health care; lack of subsidies for part-time students in higher education, language courses and other forms of education and training*). This response category points to evolution of problems which people with disabilities have had in the course of their development, as well as to changes in the way they perceive the obstacles which hinder the process of their social adaptation and self-fulfillment. The perception changes result from the transformation in the approach to problems, from egocentric and individualist, prevailing among youth, to a more pro-social, based on seeking systematic solutions to problems of the disabled, characteristic of adults.

Problem-solving strategies: the perspective of disabled youth vs disabled adults

The main determinant of development and social adaptation among people with disabilities is undoubtedly the way they cope with everyday life problems. One can mention here two strategies concerning acting in a problem situation: resignation and attack. A rating scale for problem solving has been constructed on the basis of the concept put forward by Krystyna Ostrowska (1998, Wysocka 2006, 2007), who described two main strategies: attack and withdrawal (either having a positive or negative impact on both action directions and potential developmental effects). According to the adopted classification, the range of ways of coping with difficult situations includes: a) *constructive actions* (the main objective- achieving solutions to problems), which means self-reflection, self-improvement, developing interests and passions, and physical activity; b) *direct escape, passivity, keeping one's mind off problems* (defence mechanisms, withdrawal, maintaining emotional distance),

passivity, seeking refuge in entertainment, the company of other people and dreams; defusing tensions by means of intoxicating substances; suicide thoughts; c) *indirect active escape, seeking substitute solutions* (defence mechanisms, substituting, maintaining intellectual distance), which means taking action directed at other people, seeking refuge in religion and ideologies, and in thoughtless conformism; d) *social support* (seeking direct help from others), received from friends, parents, teachers and other authorities (adults).

The survey results provide a basis for the following hierarchy of coping strategies, which were reported by disabled youth and adults with disabilities (Table 6, Fig. 3).

Both youth and adults opt for seeking *constructive* ways to solve their own problems and cope in crisis situations (scale grade 1), which means taking actions aimed at reaching direct solutions to problems. The next coping strategy is seeking direct social support from significant others (scale grade 2). Another strategy relatively frequently reported by the disabled respondents was seeking indirect, substitute solutions – *active escape* (scale grade 3). Withdrawal or self-destructive actions - *direct escape, passivity, keeping one’s mind off problems* – constitute the lowest proportion of the reported strategies (scale grade 4).

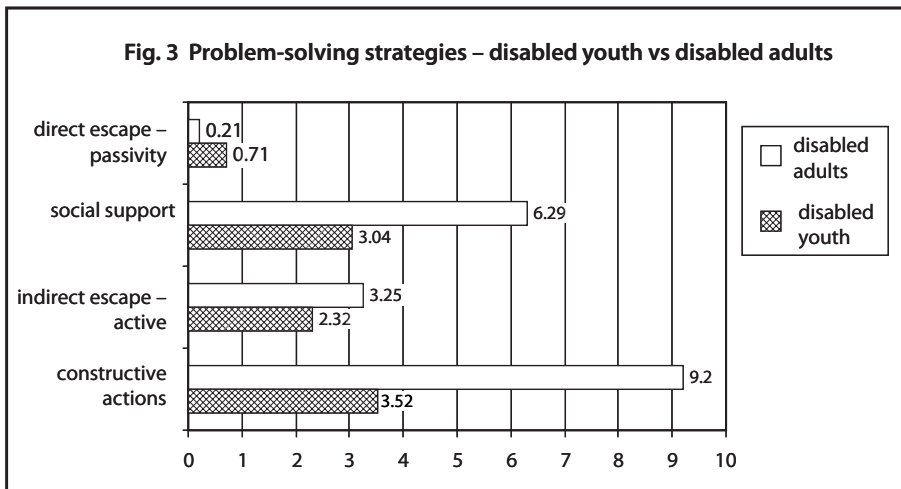
The survey results indicate that the majority of those questioned declare that they adopt strategies directed at seeking constructive solutions, which proves their considerable personal maturity (constructive actions), or a properly functioning system of social support in their life. It also signifies the fact that the bonds within the structure of social participation remain undisturbed (social support).

Table 6. Problem-solving strategies (N_y = 113, N_a = 51)

Strategy	High results (H)		Low results (L)		A ratio of Hi:L	Scale grade	High results (H)		Low results (L)		A ratio of Hi:L	Scale grade
	n	%	n	%			n	%	n	%		
Constructive actions	88	77.88	25	22.12	3.52	1	46	90.20	5	9.80	9.20	1
Indirect escape, active	79	69.91	34	30.09	2.32	3	39	76.47	12	23.53	3.25	3
Social support	85	75.22	28	24.78	3.04	2	44	86.27	7	13.73	6.29	2
Direct escape, passivity	47	41.59	66	58.41	0.71	4	9	17.65	42	82.35	0.21	4

In the context of differences between disabled youth and adults, it can be concluded that a progressive tendency toward employing positive coping strategies

has been observed. Although a similar hierarchy of coping strategies was reported by both young and adult respondents, what still the two groups differ in is their preference for the specific strategies. Adults more frequently adopt constructive strategies and a system of social support, which is conclusively more developed (greater social integration), as well as active substitute strategies, which help them maintain distance from their problems. They very rarely apply a passive and developmentally destructive strategy, focusing on emotional forms of coping with problems.



Final thoughts

Providing the disabled with chances for full development and autonomy (self-determination within the social norm limits), which condition their proper individual and social functioning, is not possible without extensive implementation of the idea of integration, based on introducing changes in social attitudes towards disability, through eliminating the factors that contribute to social ostracism and exclusion, which translates into transformations in the attitudes of people with disabilities toward their own impairment (normalizing disability).

The survey results concerning experiencing life and coping strategies reveal certain positive developmental tendencies, in relation to perceived attitudes toward impairment among people without disabilities, as well as to the attitude the disabled take toward their own disability, and also in the context of the ways of coping with problems related to life and disability. This in turn shows positive tendencies within the sphere of social adaptation and opportunities for integrating the disabled into

the social environment. Particular emphasis should be placed on system solutions, which - especially in adults' belief - remain an enormous and insurmountable obstacle in the path of adaptation and integration of people with disabilities.

Translated by Iwona Mrozińska

Bibliography

- Goffman, E. (2005). *Piętno. Rozważania o zranionej tożsamości*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Hulek, A. (Ed.). (1988). *Pedagogika rewalidacyjna*. Warszawa: Państwowe Wydawnictwo Naukowe.
- Obuchowska, I. (1996). O autonomii w wychowaniu niepełnosprawnych dzieci i młodzieży. In W. Dykcik (Ed.), *Spółeczeństwo wobec autonomii osób niepełnosprawnych. Od diagnoz do prognoz i do działań..* Poznań: Eruditus.
- Ostrowska, K. (1998). *Wokół rozwoju osobowości i systemu wartości*. Warszawa: Wyd. Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN.
- Sieradzki, M. (1996). Niepełnosprawni w społeczeństwie i kulturze. Wybrane zagadnienia z socjologii niepełnosprawności i rehabilitacji. In W. Dykcik (Ed.), *Spółeczeństwo wobec autonomii osób niepełnosprawnych. Od diagnoz do prognoz i do działań*. Poznań: Eruditus
- Szczepański, J. (1992). Problemy ludzkiej sprawności. In *Świat ludziom niepełnosprawnym*. (zbiór dokumentów i oświadczeń). A. Hulek (Ed.). Warszawa: Wyd. PTWzK.
- Steller, Ź. (2006), Trudności wynikające z utraty sprawności w percepcji osób niepełnosprawnych, *Kwartalnik Pedagogiczno-Terapeutyczny*, 1-2(21-22), 51-63.
- Wysocka, E. (2006). Młodzieńczy kryzys tożsamościowy – wymiary, strategie pokonywania i jego skutki – w percepcji i doświadczeniach uczniów szkół średnich, *Paedagogia Christiana*, 2, 75-92.
- Wysocka, E. (2007). Sposób doświadczenia młodzieńczego kryzysu rozwojowego – problemy, sposoby radzenia sobie i konsekwencje w percepcji młodzieży szkół średnich. In M. Libiszowska-Żółtkowska (Ed.), *Czego obawiają się ludzie?* Warszawa: Wyd. Uniwersytetu Warszawskiego.